



CERTIFICATE OF INSTALLATION

This Certificate of Installation documents the installation of envelope features, materials, components, and manufactured devices required to demonstrate compliance with Title 24, Part 6 per §10-103(a)3 for low-rise residential and low-rise mixed-use occupancies.

Table with 2 columns: Field Name (Project Name, Dwelling Address, City and Zip Code) and Value (Enforcement Agency, Permit Number, Permit Application Date)

A. GENERAL INFORMATION

Table with 5 columns: ID (01-08), Field Name (Project Location, Zip Code, Date of Permit Set, Name of Permit Set, Authority Having Jurisdiction, Building Permit #, Date of As-built Set, Name of As-built Set)

B. INSTALLER SCOPE

This table indicates construction systems and materials documented on this Certificate of Installation.

Table with 5 main categories: Roofs, Walls, Fenestration, Doors, Floors. Each category has sub-items with checkboxes for documentation.

Registration Number:

Registration Date/Time:

HERS Provider:



C. COMPLIANCE RESULTS

This table indicates whether the as-built conditions documented in this form are equal or better than what was documented on the permitted Certificate of Compliance. If the installation is not equal or better, Section 10-103(a)2B requires the Certificate of Compliance form to be revised accordingly to demonstrate compliance.

01	INSTALLED FEATURES EXACTLY MATCH DESIGN ON PERMITTED CERTIFICATE OF COMPLIANCE
Documented as-built conditions should be verified by inspector from Authority Having Jurisdiction to comply.	

The Certificate of Compliance should be revised to confirm as-built conditions comply and this Certificate of Installation updated accordingly.

D. EXCEPTIONAL CONDITIONS

This table is auto-filled with uneditable comments because of field conditions noted by the installer that may impact requirements documented on the Certificate of Compliance.

E. INSTALLER NOTES

This table includes remarks made by the installer to the Authority Having Jurisdiction.

F. INSTALLATION DETAILS

The following tables indicate performance requirements as documented on the permitted Certificate of Compliance for all systems and components included in Table B. Installer Scope. Also indicated are the as-built conditions documented by the installer/ documentation author.

Roof Insulation

01	02	03	04	05
Tag/Plan Detail ID	Assembly/ Framing Type	Cavity Insulation R-Value	Continuous Insulation R-Value	Assembly Compliance
Per C of C				
As-built Conditions				



ENVELOPE COMPONENT APPROACH

Roof Surface Material

01	02	03	04		05	06
Tag/Plan Detail ID	Roof Material	Roof Slope	Material Performance Specifications		Cool Roof Rating Council Certification #	Assembly Compliance
Per C of C			Reflectance ¹			
			Emittance			
			SRI			
As-built Conditions			Reflectance			
			Emittance			
			SRI			

Walls

01	02	03	04	05	06	07
Tag/Plan Detail ID	Wall Type	Wall Material	Wall Thickness (in)	Core/Cavity Insulation R-value	Continuous Insulation R-value	Assembly Compliance
Per C of C						
As-built Conditions						

Floors

01	02	03	04	04	05	06	07
Tag/Plan Detail ID	Floor Type	Floor/Spline Material	Insulation Location	Insulation Orientation	Core/Cavity Insulation R-value	Continuous Insulation R-value	Assembly Compliance
Per C of C							
As-built Conditions							

Registration Number:

Registration Date/Time:

HERS Provider:



ENVELOPE COMPONENT APPROACH

Exterior Doors

01	02	03	04	05
Tag/Plan Detail ID	Door Type	Door Insulation	U-factor	Compliance
Per C of C				
As-built Conditions				

Vertical Fenestration, Skylights, and Glazed Doors

01	02	03	04	05	06	07	08
Tag/Plan Detail ID	Fenestration Type	Calculation Method	Area (ft ²)	Frame Type	Product Performance per Design	National Fenestration Rating Council (NFRC) Certification ID # ¹	Assembly Compliance
Per C of C					U-factor		
					(R)SHGC		
					VT		
As-built Conditions					U-factor		
					SHGC		
					VT		

Registration Number:

Registration Date/Time:

HERS Provider:



DOCUMENTATION AUTHOR'S DECLARATION STATEMENT

1. I certify that this Certificate of Installation documentation is accurate and complete.

Documentation Author Name:	Documentation Author Signature:
Documentation Author Company Name:	Date Signed:
Address:	CEA/HERS Certification Identification (If applicable):
City/State/Zip:	Phone:

RESPONSIBLE PERSON'S DECLARATION STATEMENT

2. I certify the following under penalty of perjury, under the laws of the State of California:
 1. The information provided on this Certificate of Installation is true and correct.
 2. I am either: a) a responsible person eligible under Division 3 of the Business and Professions Code in the applicable classification to accept responsibility for the system design, construction, or installation of features, materials, components, or manufactured devices for the scope of work identified on this Certificate of Installation, and attest to the declarations in this statement, or b) I am an authorized representative of the responsible person and attest to the declarations in this statement on the responsible person's behalf.
 3. The constructed or installed features, materials, components or manufactured devices (the installation) identified on this Certificate of Installation conforms to all applicable codes and regulations and the installation conforms to the requirements given on the Certificate of Compliance, plans, and specifications approved by the enforcement agency.
 4. I understand that a registered copy of this Certificate of Installation shall be posted or made available with the building permit(s) issued for the building, and made available to the enforcement agency for all applicable inspections, and I will take the necessary steps to ensure this requirement is accomplished.
 5. I understand that a registered copy of this Certificate of Installation is required to be included with the documentation the builder provides to the building owner at occupancy, and I will take the necessary steps to ensure this requirement is accomplished.

Responsible Builder/Installer Name:	Responsible Builder/Installer Signature:	
Company Name: (Installing Subcontractor or General Contractor or Builder/Owner)	Position With Company (Title):	
Address:	CSLB License:	
City/State/Zip:	Phone:	Date Signed:

For assistance or questions regarding the Energy Standards, contact the Energy Hotline at: 1-800-772-3300

Registration Number:

Registration Date/Time:

HERS Provider:

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A. General Information

1. This field is filled out automatically.
2. This field is filled out automatically.
3. Enter the Date of Permit Set used for construction.
4. Enter the Name of Permit Set used for construction.
5. Enter the Authority Having Jurisdiction.
6. Enter the Building Permit #.
7. Enter the Date of As-Built Set.
8. Enter the Name of As-Built Set.

B. Project Scope

1. Select all applicable Roof systems and materials documented.
2. Select all applicable Wall systems and materials documented.
3. Select all applicable Fenestration systems and materials documented.
4. Select if New Solid Door materials documented.
5. Select all applicable Floor systems and materials documented.

C. Compliance Results

1. Results in this table are automatically calculated from data input and calculations in Tables F.

D. Exceptional Conditions

1. This table is auto filled with uneditable comments because of selections made or data entered in tables throughout the form.

E. Installer Notes

1. Enter any notes or comments for the AHJ.

F. Installation Details

Roof Insulation

1. This field is filled out automatically.
2. Select: True or False.
3. Enter Cavity Insulation R-Value.
4. Enter Continuous Insulation R-Value.
5. This field is calculated automatically.

Roof Surface Material

1. This field is filled out automatically.
2. This field is filled out automatically.
3. Select: True or False.
4. Enter Reflectance, Emittance, SRI.
5. Enter Cool Roof Rating Council Certification #.

Registration Number:

Registration Date/Time:

HERS Provider:

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6. This field is calculated automatically.

Walls

1. This field is filled out automatically.
2. Select: True or False.
3. Select: True or False.
4. Enter Wall Thickness.
5. Enter Core/Cavity Insulation R-Value.
6. Enter Continuous Insulation R-Value.
7. This field is calculated automatically.

Floors

1. This field is filled out automatically.
2. Select: True or False.
3. Select: True or False.
4. Select: True or False.
5. Enter Core/Cavity Insulation R-Value.
6. Enter Continuous Insulation R-Value.
7. This field is calculated automatically.

Exterior Doors

1. This field is filled out automatically.
2. Door Type: Select from Dropdown.
3. Door Insulation: Select from Dropdown.
4. Enter U-factor.
5. This field is calculated automatically.

Vertical Fenestration, Skylights, and Glazed Doors

1. This field is filled out automatically.
2. Fenestration Type: Select from Dropdown.
3. Calculation Method: Select from Dropdown.
4. Enter Area.
5. Enter Frame Type.
6. Enter U-factor, SHGC, and VT.
7. Enter National Fenestration Rating Council (NFRC) Certification ID #.
8. This field is calculated automatically.

Registration Number:

Registration Date/Time:

HERS Provider:

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Documentation Declaration Statements

1. The person who prepared the LMCI will sign and complete the fields for their name, company (if applicable), address, phone number, certification information (if applicable), date and signature.
2. The person who is assuming responsibility for the project being built to comply with Title 24, Part 6, will complete the fields for their name, company (if applicable), address, phone number, license number (if applicable), date and signature.